STATE OF SOUTH CAROLINA) (Caption of Case) Example: Application for a Class C Charter Certificate from	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
John Doe dba Doe's Limo RECEIVED	Transportation Cover Speet
SEP 19 2011	NUMBER: 20/1 _ 389 _ T
T,T,QT,\$\forall_{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	If this is your first time filing an application with the PSC, you will not have a Docker Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: Toan Dao	Telephone: (843) 412-4971
Address: 7801 High Maple Circle	Fax;
N. Charleston, SC 29418	Tour Canexecutive travel
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely. NATURE OF ACTION	
	Request for Name Change on Certificate
Application - Class A/A Restricted	Request to Amend Scope of Authority
Explication - Class C Taxi	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter	Request to Amend Passenger Limit
Application - Class C Charter Bus	Request
Application - Class C Non-Emergency	
Application - Class C Stretcher Van	Exhibit Late-Filed Exhibit
Application - Class E Household Goods	Letter
Application - Class E Hazardous Waste	Proposed Order
Application	Thelichade Affidault
Request for Extension to Comply with Order	TO ROTTIVE D
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Response (35)
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other: MAIL / D
Request for Reinstatement	
If you have any questions about this form, please contact the	he PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: 69 06 11	
Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. DAO TRAVED, LLC WWW. I. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) An Executive Trave (780/ High Maple Circle, W. Charleston, 5C 794/18 Street Address of Applicant Mailing Address of Applicant (if different from street address) (843) 9/2- 49.7/ Phone Fax Toan @ an executive trave/. Come Email Address 2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)	
of S.C. Code Ann. 8 58-23-10, et sea. (1976), and amendments thereto.	e provision
NAO Travels, LIC abou	
1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without	t trade name.)
An Executive Travel	
7801 High Maple Circle, N. Charleston, 50 29	14 18
-	
(843) 412-4971 NA	
Toan @ an executive travel, com	on is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision ode Ann. § 58-23-10, et seq. (1976), and amendments thereto. DAO Travels, L.C. L.
 If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Car Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, at 	olina tach South
3. Select Entity Type: (Check one) [V] Individual Owner/Sole Proprietorship	
	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Ap	plication is I	iled:
	09		2011

Assets:	
Cash	\$5000
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	12,000
Motor Vehicles (Net)	\$12,000
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	\$100
Prepaids and Other Assets	0
Total Assets*	\$ 17,100
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	ව
Other Accrued Obligations	0
Other Liabilities .	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity*	\$17,100

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Sedan Charge for hourly rate = \$8500

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.					
Abbeville	Cherokee	☐ Florence	Læ	Satuda	
Aiken	Chester	Georgetown	Lexington	Spartauburg	
Allendale	Chesterfield	Greenville	Marlon	Sumter	
Anderson	Clarendon	Greenwood	Marlboro Marlboro	Union Union	
Bamberg	Colleton	Hampton	McComick	Williamsburg	
Barnwell	Darlington	Horry	Newberry	☐ York	
Beaufort	Dillon	Jasper	Oconeo		
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide	
Calhoun	Edgefield	Lancaster	Pickens		
Charleston	Fairfield	Laurens	Richland		

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

to carry is based or	of Passengers Vehicle is Equal the number of seathelts in the number of sea	nipped to Carry: (The number of particle, including the driver's se	assengers a vehicle is eatbelt.)	ednibbeq
MAKE	YEAR & MODEL	VIN#	EMPTY	WEIGHT
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INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY

The insurance quote must be complete, listing ourrent insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

and the transport of for
The following insurance quote is for:
Name of Applicant
180) High Maple Circle, NCharleston, SC 29418
Address of Applicant
Amount of Premium: Limits Quoted: (See Below)
Liability Insurance \$ 7,612.00 Limits \$500,000 CSL
Liability instructor of the control
The above quoted premium is for a term of 12 months.
Minimum Limits - Intrastate Only: 1-7 Passengers* \$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt 8-15 Passengers* \$ 25,000/100,000/25,000
Zhrich Ancien Inhyance Company Name of Insurance Company
1400 Americas Lase, Schausburg, IL Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
Date Authorized Insurance Company Representative's Signature

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

	Toan Chau Dao Name of Applicant
Name of the second seco	Name of Applicant
	standing judgments against the Applicant?
Q 100	**
If Yes, indicate nature of j	udgement(s) against applicant.
2. Is Applicant familiar with carrier operations in South statutes and regulations?	all statutes and regulations, including safety regulations and governing for-hire motor. South Carolina, and does Applicant agree to operate in compliance with these
Yes	() No
4	
3. Is Applicant aware of the	Commission's insurance requirements and the insurance premium costs associated
therewith? Yes	O No

Exhibit on Driver Qualifications

l.	Applicant understands that all drivers must be a minimum of 18 years of age.			
	Yes	O No		
2.	and such record fro		of the driver's three (3) year driving record issued by the SC DMV in which the driver is or has been domiciled for such period must fice.	
	⊘ Yes	O No		
3.	must be maintained	nds that a criminal history I in the Applicant's busine	y background check from the state where the driver currently lives ess office.	
	Ø Yes	O No		
4.	Applicant understatheir possession whatate of residence of	ien operating a charter ve	ting a vehicle under a Class C Taxi Certificate must have in hicle, a valid driver's license issued by the SC DMV or the current	
	Ø Yes	O No		
5.	vehicles to drivers	who are registered, or req	Certificate holders are prohibited from employing or leasing puired to be registered, as sex offenders with the South Carolina onal registry of sex offenders.	
	Ø Yes	O No		

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R. 103-100 through R. 103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

President / October

The Side of President Owner etc.)

COUNTY OF Charleston

County of Charleston

This 1548 WORN TO BEFORE ME

day of September, 2011

Commission Expires 2 22 2010

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DAO TRAVELS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 7th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 13th day of September, 2011.

Mark Hammond, Secretary of State



South Carolina Business One Stop

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South Carolina's Business Portal

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Start Your Business

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SCHOOL HOMBY

SCHOOL Community

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User Workspaces Recunity Accepted Applications

User Workspace Summary

Day Travols 7801 HIGH MAPLE CIR. N CHARLESTON, SC 294162154

Manage Upgnses/Retrolite/Registrations/Usur's

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1/P/R 2=0H06\$ (2)	Application [7]	Vasues [3]	Assented Data (*)	Receipt	Vlow L/P/R
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9/7/2011 3:51 PM

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI ON 45999-0033

Date of this notice; 09-06-2011 Employer Identification Number:

Form: 85-4

Number of this notice: CP 575 A

DAO TRAVELS AN EXECUTIVE TRAVEL 7 TOAN CHAU DAO SOLE MBR 7801 HIGH NAPLE CIR W CHARLESTON, SC 29418

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS MOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filling tax documents, payments, and related correspondence, it is very important that you use your KIN and complete name and address exactly as shown above. Any variation may dauge a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one KIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940 01/31/2012 Form 944 01/31/2012 Form 720 10/31/2011

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 518, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private latter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 841, 943, 940, 844, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Fackage shortly, which includes instructions for making your deposits electronically through the Electronic Faderal Tax Payment System (EFTPS). A Personal Identification Number (FIN) for EFTPS will also be sent to you under separate cover. Please activate the FIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Faderal Taxes. If you need to make a deposit immediately, you will need to make axrangements with your Financial Institution to complete a wire transfer.

F I Mr

9/19/11

Dear To Whom It May Concern,

These 3 from are part of.

TOAN DAO'S previously faxed.

Application for a Class C Charter.

Please Abbach it to such.

Thanks!

Tringo